

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hmg</i>		<i>12-19-99</i>
O.I.P.E. CLASSIFIER	<i>M+</i>	<i>5A</i>	<i>12-18-99</i>
FORMALITY REVIEW	<i>DB</i>	<i>65373</i>	<i>1-7-00</i>
RESPONSE FORMALITY REVIEW			

2/6-1/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	<i>9/20/99</i>
2	✓	✓	<i>11/20/99</i>
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	0	0	
17	✓	✓	
18	0	0	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	0	0	
28	0	0	
29	0	0	
30	✓	✓	
31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	0	0	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	0	0	
48	0	0	
49	0	0	
50	0	0	

Claim	Final	Original	Date
51	✓	✓	<i>9/20/99</i>
52	✓	✓	<i>11/20/99</i>
53	✓	✓	
54	✓	✓	
55	✓	✓	
56	✓	✓	
57	✓	✓	
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61	0	0	
62	✓	✓	
63	✓	✓	
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
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